



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Deo K Bhati MD

Respondent Name

The Zenith

MFDR Tracking Number

M4-13-2159

Carrier's Austin Representative

Box Number 47

MFDR Date Received

April 29, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Carrier is required to pay designated doctors exams."

Amount in Dispute: \$90.54

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Zenith Insurance Company maintains its position that the services have been reimbursed according to the fee guidelines. Procedure code 95831 is not separately payable because it is not supported by a muscle testing report and therefore is included in code 99456. Therefore, no additional reimbursement is recommended."

Response Submitted by: Zenith Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 13, 2012	95831	\$90.54	\$45.39

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 97 - The value of this procedure is included in the value of another procedure performed on this date
 - W1 – Reimbursement has been calculated according to the state fee schedule guidelines

Issues

1. Did the respondent support denial of disputed services?
2. Is the requestor entitled to reimbursement?

Findings

1. The Carrier denied the claim as, 97 – “The value of this procedure is included in the value of another procedure performed on this date.” Per 28 Texas Administrative Code §134.203 (b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. Review of the submitted documentation finds CPT code 95831 is described as, “Muscle testing, manual (separate procedure) with report, extremity (excluding hand) or trunk. Review of the submitted documentation finds;
 - a. Office chart note page 3 of 6, “Muscle Strength”
 - i. Muscle testing of the neck flexors, extensors, lateral flexors, and rotators is 5/5 bilaterally
 - ii. Muscle testing of the shoulder girdle elevators, depressors, protractors, and retractors is 5/5 bilaterally
 - iii. Muscle testing of the shoulder extensors, flexors, adductors, abductors, external rotators, and internal rotators is 5/5 bilaterally
 - iv. Muscle testing of the elbow extensors is 5/5 bilaterally
 - v. Muscle testing of the forearm supinators and pronators is 5/5 bilaterally
 - vi. Muscle testing of the wrist extensors and flexors is 5/5 bilaterally
 - vii. Muscle testing of the thumb abductor and intrinsic is 5/5 bilaterally

The Division finds the carrier's denial is not supported.

2. 28 Texas Administrative Code §134.203 (c) states “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor). The calculations for the Maximum Allowable Reimbursement is (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price or $(54.86 / 34.0376) \times 28.16 = \45.39 . This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$45.39.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$45.39 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 14, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.